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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/813,877

Filing Date

March 30, 2004

First Named Inventor

Meade, Teresa

Art Unit

3636

Examiner Name

Attorney Docket Number

017242-010500US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Response to Restriction Requirement | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
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| | <input type="checkbox"/> Landscape Table on CD | |

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/ Incomplete Application

☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Darin J. Gibby

Date

August 29, 2005

Reg. No.

38,464

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Connie Larson

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Connie Larson

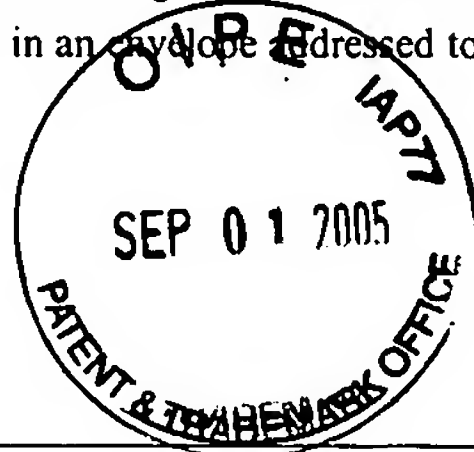
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P.O. Box 1450
Alexandria, VA 22313-1450



On Aug 29, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lane

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Teresa Mead

Application No.: 10/813,877

Filed: March 30, 2004

For: INFANT RESTRAINT SYSTEMS
AND METHODS

Art Unit: 3636

Examiner: Joseph F. Edell

Confirmation No. 5757

**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement mailed August 8, 2005, Applicants hereby elect the claims of Group III, i.e., claims 20-31 and 36-40. Accordingly, please cancel claims 1-14, 15-19, 32-35 and 41 without prejudice. The election to the restriction requirement is made without traverse.

Respectfully submitted,


Darin J. Gibby
Reg. No. 38,464

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